

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DS	8	1/14
O.I.P.E. CLASSIFIER	DM	72223	12099
FORMALITY REVIEW	DM		35-37
			3/25/59

# INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted

N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date	Claim	Date	Claim	Date
1		1	1/14	1	1/14
2		2	1/14	2	1/14
3		3	1/14	3	1/14
4		4	1/14	4	1/14
5		5	1/14	5	1/14
6		6	1/14	6	1/14
7		7	1/14	7	1/14
8		8	1/14	8	1/14
9		9	1/14	9	1/14
10		10	1/14	10	1/14
11		11	1/14	11	1/14
12		12	1/14	12	1/14
13		13	1/14	13	1/14
14		14	1/14	14	1/14
15		15	1/14	15	1/14
16		16	1/14	16	1/14
17		17	1/14	17	1/14
18		18	1/14	18	1/14
19		19	1/14	19	1/14
20		20	1/14	20	1/14
21		21	1/14	21	1/14
22		22	1/14	22	1/14
23		23	1/14	23	1/14
24		24	1/14	24	1/14
25		25	1/14	25	1/14
26		26	1/14	26	1/14
27		27	1/14	27	1/14
28		28	1/14	28	1/14
29		29	1/14	29	1/14
30		30	1/14	30	1/14
31		31	1/14	31	1/14
32		32	1/14	32	1/14
33		33	1/14	33	1/14
34		34	1/14	34	1/14
35		35	1/14	35	1/14
36		36	1/14	36	1/14
37		37	1/14	37	1/14
38		38	1/14	38	1/14
39		39	1/14	39	1/14
40		40	1/14	40	1/14
41		41	1/14	41	1/14
42		42	1/14	42	1/14
43		43	1/14	43	1/14
44		44	1/14	44	1/14
45		45	1/14	45	1/14
46		46	1/14	46	1/14
47		47	1/14	47	1/14
48		48	1/14	48	1/14
49		49	1/14	49	1/14
50		50	1/14	50	1/14

If more than 150 claims or 10 actions  
staple additional sheet here

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